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ABSTRACT

This report describes a range of adolescent behaviors related to their safety and the safety of others. The behaviors reported here range from ordinary safety precautions such as only swimming in supervised areas and wearing helmets when riding a motorcycle to less talked about behaviors such as using condoms during sexual intercourse and carrying a weapon for self-protection. The information described in this report came from a survey of Nebraska students (N=2,237) in grades 9 through 12. Results reported in this document include the following: (1) of the 40% who reported riding on a motorcycle, less than half reported wearing a crash helmet; (2) only 15% of Nebraska students use their seatbelts always or most of the time when riding in a car or truck driven by someone else; (3) almost half had ridden in a vehicle with a driver who had been drinking or using drugs in the last 30 days; (4) over one-third reported swimming without a lifeguard or adult supervision four or more times the previous summer; (5) nearly 30% had thought seriously about committing suicide; (6) 54% had had sexual intercourse at least once; (7) one-third reported using alcohol and/or other drugs the last time they had sexual intercourse; and (8) almost 10% claimed they had ever been pregnant or had gotten someone pregnant. (ABL)

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Technical Report 24

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SAFETY AND SEX PRACTICES AMONG NEBRASKA ADOLESCENTS

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SAFETY AND SEX PRACTICES AMONG NEBRASKA ADOLESCENTS

Safety and Sex Practices Among Nebraska Adolescents

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Technical Report 24
Safety and Sex Practices Among Nebraska Adolescents

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Safety and Sex Practices Among Nebraska Adolescents

This report describes a range of adolescent behaviors related to their safety and the safety of others. The behaviors reported here range from ordinary safety precautions such as only swimming in supervised areas and wearing helmets when riding a motorcycle to less-talked-about behaviors such as using condoms during sexual intercourse and carrying a weapon for self-protection.

This study used a two-tier sampling procedure. Forty-two schools were selected randomly from all public and private schools in Nebraska with grades 9 through 12. Twenty-seven schools agreed to participate in the survey. From these 27 schools, 2,237 students were selected at random for study. These students completed the U.S. Centers for Disease Control "Youth Risk Behavior Survey" in Spring 1990. The survey was administered by the staff of Health Education, Inc., a non-profit research corporation in Lincoln, Nebraska. Data were weighted to represent the true proportion of students in each grade.

Motorcycle helmets

Forty percent of this sample of 2,237 Nebraska students in grades 9 through 12 report riding on a motorcycle. Of these, less than half (47.6%) report wearing a

crash helmet "always" or "most of the time" (46.4% males, 50.5% females). Despite Nebraska's 1989 mandatory helmet use law, less than half these riders wear helmets. Helmet use is not normative behavior.

Safety belt use

Nebraska citizens repealed the state's mandatory safety belt use law by referendum in 1986. The supporters of the repeal did not dispute the value of safety belts in saving lives and preventing injuries, but they felt safety belt use should be encouraged through education rather than legislation. Table 1 clearly indicates that this is not happening. Only 15% of Nebraska students in this sample use their safety belt "always" or "most of the time" when "riding in a car or truck driven by someone else." Only half as many 12th-grade males use safety belts "always" or "most of the time" as 9th-grade males. Only one-third as many 12th-grade females as 9th-grade females report using their safety belts "always" or "most of the time."

Using a safety belt "most of the time" rather than "always" significantly reduces the safety belt's potential to prevent injury and death. Less than 5% of the 9th-grade students and only 3% of the 12th-grade students use their safety belts "always." One-third "never" use their safety belts and 66% said they "rarely" or "never" use their safety belts (Table 1).

Table 1
Safety belt use in a car or truck
driven by someone else
The 1990 Nebraska Youth Risk Behavior Survey

	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %
MALES				
Never/Rarely	61.9	67.6	74.1	73.9
Sometimes	17.5	16.6	17.4	16.3
Always/Most of the time	20.5	15.9	8.5	9.8
N =	267	281	265	330
FEMALES				
Never/Rarely	60.2	59.5	62.5	65.9
Sometimes	18.2	23.8	25.0	21.0
Always/Most of the time	21.6	16.8	12.5	13.2
N =	319	277	261	222

TOTAL SAMPLE

Never/Rarely	65.8
Sometimes	19.3
Always/Most of the time	15.0
N =	2222

Riding with a driver who is or has been drinking or using drugs

In the 30 days prior to the survey almost half of this sample (48.5%) rode in an automobile, truck or on a motorcycle at least once with a driver who had been either drinking or using drugs. The pattern of this "at risk" behavior is illustrated in Table 2.

The extent of the risk associated with almost 50% of the adolescent population riding with a driver who is impaired is significant. These drivers place not only themselves at risk, but also their passengers, pedestrians and people in other vehicles.

The magnitude of this risk varies with grade level. No more than 54% of the females in any grade report riding with a drinking or drugging driver. This proportion varies with grade level, but has no consistent trend. Among males, however, the proportion riding with a drinking or drugging driver increases steadily from 34% among the 9th graders to 61% among the 12th graders.

These data suggest that a greater proportion of 9th and 10th grade females have ridden with a drinking/drugging driver in the last 30 days than have males. This may reflect the tendency for many females in these grades to date older males who have easier access to automobiles and probably greater access to alcohol and other drugs. Males in grades 11 and 12 are more likely than females to accompany a drinking or drugging driver.

Fifteen percent of this sample report riding with a drinking or drugging driver in the previous 30 days *four* or more times (Table 2).

Table 2
Frequency of riding in a vehicle in the last 30 days with a driver who had been drinking or drugging
The 1990 Nebraska Youth Risk Behavior Survey

	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %
MALES				
Never	65.8	56.0	46.3	38.7
One or more times	34.2	44.0	53.7	61.3
Four or more times*	11.9	16.4	19.3	28.7
N =	267	280	265	330
FEMALES				
Never	57.0	49.9	52.6	46.3
One or more times	43.0	50.1	47.4	53.7
Four or more times*	13.0	13.3	7.6	12.2
N =	319	276	262	222

TOTAL SAMPLE

Never	51.5
One or more times	48.5
Four or more times*	15.6
N =	2221

* The proportion of respondents answering "four or more times" is included in the proportion for "one or more times"

Driving a car, truck or riding a motorcycle while or after drinking or using other drugs

Adolescents who *drive* a car, truck or motorcycle while, or after, drinking or using drugs represent a somewhat different segment of this adolescent population.

In the 30 days prior to this survey, 25% of this sample report they had driven a car, truck or ridden a motorcycle while or after drinking alcohol or using other drugs. At all grade levels more males than females report this behavior. Also, the difference between males and females increases in the higher grades (Table 3).

There is a major increase in the incidence of this behavior at the 10th grade, reflecting the increased number of students who are licensed to drive. At the 9th grade 6.9% of the females report driving after or while drinking or drugging, while 28.7% of the 12th grade females report doing so. Among the 9th-grade males 9.6% report driving after or while drinking alcohol or using other drugs, while 47% of the 12th graders report doing so.

The proportion of this sample who report this behavior four or more times in the 30 days prior to the survey ranged from 1% for the 9th grade females to 4.5% for the 12th grade females, and from 3.3% for the 9th grade males to 14.1% for the 12th grade males.

Comparing these data with those presented in Table 2, it appears that students are more likely to expose themselves to the risks of riding with a drinking and/or drugging driver than they are themselves to drive while or after using alcohol or other drugs. An interesting question

Table 3
Frequency of driving a motor vehicle in the last 30 days while or after using alcohol or other drugs
The 1990 Nebraska Youth Risk Behavior Survey

	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %
MALES				
Never	90.4	71.4	66.8	53.0
One or more times	9.6	28.6	33.2	47.0
Four or more times*	3.3	8.0	7.1	14.1
N =	266	281	263	329
FEMALES				
Never	93.1	81.3	77.6	71.3
One or more times	6.9	18.7	22.4	28.7
Four or more times*	1.0	2.3	1.9	4.5
N =	318	275	262	213

TOTAL SAMPLE

Never	75.5
One or more times	24.5
Four or more times*	5.5
N =	2207

* The proportion of respondents answering "four or more times" is included in the proportion for "one or more times"

not answered here is the percentage of those who ride with a drinking or drugging driver who themselves also drive while or after drinking or using other drugs thereby increasing their own risk and the risk to other people.

Swimming without a lifeguard or adult supervision

Nebraska is not a state where water sports are a major form of recreation. Nevertheless there were 21 accidental deaths by drowning in 1989.[1] In the 1990 YRBS, 58% of Nebraska adolescents said they went swimming and/or surfing either alone or with friends in the areas that were not supervised by a lifeguard or by an adult between June and August of the previous year.

Unlike most adolescent risk behaviors, the proportion of this sample exposed to unsupervised swimming does not increase markedly with grade level (Table 4). However, the frequency of exposure does. Thirty-five percent of 9th-grade males and 26.5% of 9th-grade females swam in unsupervised areas four or more times compared to 46.5% of the males and 31.9% of the females in 12th grade.

Carrying a weapon

An earlier Prevention Center technical report concluded that guns and experiences of violence and fear of violence "are part of a general climate of violence for some Nebraska students."[2]

Carrying a weapon is an indicator of a student's fear of violence, and it also indicates increased risk of vio-

Table 4
Frequency of swimming without a lifeguard or adult supervision between June and August the previous year.
The 1990 Nebraska Youth Risk Behavior Survey

	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %
MALES				
Never	42.0	40.2	39.7	37.4
One or more times	58.0	59.8	60.3	62.6
Four or more times*	35.4	33.7	40.5	46.5
N =	267	280	265	330
FEMALES				
Never	48.9	42.5	40.5	48.5
One or more times	51.1	57.5	59.5	51.5
Four or more times*	26.5	32.8	40.8	31.9
N =	319	276	260	222

TOTAL SAMPLE

Never	42.4
One or more times	57.6
Four or more times*	36.6
N =	2219

* The proportion of respondents answering "four or more times" is included in the proportion for "one or more times"

lence. Table 5 illustrates a dimension of potential and probable violence. Carrying a weapon "in the last 30 days" is not a common occurrence among females (5%). The likelihood of a female carrying a weapon does not increase from 9th grade to 12th grade. For males, however, 23.2% of this sample reported carrying a weapon (gun, knife or club) in the previous 30 days for "self-protection" or because they think they "might need it in a fight." Data presented in Table 5 also suggest that if a male carries a weapon there is a good probability he will do so frequently (four or more times in the last 30 days).

Of those who carried a weapon in the last 30 days, the choice is likely to be a razor or a knife (37%), a club (21%), or a handgun (15%).

Physical fights

Physical fights present a real threat to safety. The need for treatment by a physician or nurse is evidence of the risk to health. Students in the survey were asked "During the past 30 days how many times have you been in a physical fight in which you or a person you were fighting with had to be treated by a doctor or a nurse?" Almost 8% (7.6%) report at least one instance of a physical injury suffered in a fight in the last 30 days. Typically fewer than 3% of the females are involved in a fight of this type. For males the proportion ranged between 9% and 14%: 14% at 9th grade, 13% at 10th grade, 9% at 11th grade and 13% at 12th grade.

Table 5
Frequency of carrying a gun, knife or club in the last 30 days
The 1990 Nebraska Youth Risk Behavior Survey

	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %
MALES				
Never	76.8	73.6	73.2	71.1
One or more times	23.2	26.4	26.8	28.9
Four or more times*	8.4	10.3	16.0	14.4
N =	266	281	265	329
FEMALES				
Never	93.6	94.7	95.2	96.9
One or more times	6.4	5.4	4.8	3.1
Four or more times*	1.8	1.6	1.5	0.9
N =	319	277	262	222

TOTAL SAMPLE

Never	84.0
One or more times	16.0
Four or more times*	7.1
N =	2221

* The proportion of respondents answering "four or more times" is included in the proportion for "one or more times"

Suicide

Suicide is a threat to personal safety. Table 6 profiles suicide-related behaviors for the 12-month period prior to the survey. Thirty percent of this sample of Nebraska adolescents reported having "seriously" thought about attempting suicide. Nineteen percent of the respondents answered "yes" to the question "During the last 12 months, did you make a specific plan about how you would attempt suicide?" Eleven percent reported they actually did make a suicide attempt in the past 12 months. An attempt was defined as a "yes" answer to the question "Have you ever *actually tried* to hurt yourself in a way that might have resulted in your death?" Almost 3% answered "yes" to the question "If you attempted suicide during the past 12 months, did that attempt result in an injury or poisoning that had to be treated by a doctor or nurse?"

Sexual intercourse

Sexual intercourse can be a dangerous behavior. In addition to HIV/AIDS and other sexually transmitted diseases, there is pregnancy, which can increase physical, social and psychological risks for adolescents. Also, risks to newborn infants of very young mothers are greater than for infants of older mothers. Nevertheless sexual intercourse is a frequent behavior among Nebraska adolescents.

Fifty-four percent of this sample of adolescents had sexual intercourse at least once. The proportion for both

Table 6
Suicide-related activities in the last 12 months
The 1990 Nebraska Youth Risk Behavior Survey

	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %
MALES				
"Seriously" thought about committing suicide	24.9	17.7	24.1	20.6
Planned how to commit suicide	13.6	12.6	22.0	16.3
Attempted suicide	7.1	8.4	8.9	13.3
Made attempt that necessitated medical attention	1.9	4.3	3.1	1.5
N =	264	279	257	329
FEMALES				
"Seriously" thought about committing suicide	38.5	40.9	37.1	33.6
Planned how to commit suicide	23.2	22.6	21.1	17.4
Attempted suicide	15.4	14.1	10.7	8.0
Made attempt that necessitated medical attention	4.6	3.0	2.0	3.1
N =	316	275	261	221

TOTAL SAMPLE	
"Seriously" thought about committing suicide	29.5
Planned how to commit suicide	18.7
Attempted suicide	11.0
Made attempt that necessitated medical attention	2.9
N =	2202

males and females increases at every grade level. By the 9th grade one-third of this sample of Nebraska adolescents had sexual intercourse, and by 12th grade two-thirds. The difference in the proportion of males and females at each grade level is relatively small. More than half of the students who have sexual intercourse had more than one partner. More males than females have sexual intercourse with two or more partners (Table 7).

Frequency of sexual intercourse is a clearer indicator of possible risks to health than just having had sexual intercourse. Frequency data were not generated by this survey, but a comparison of the percentage of students who had sexual intercourse in the last three months with the percentage of students who had ever had sexual intercourse suggests that a significant proportion of these students were recently sexually active, especially in the higher grades (Table 7).

Table 7
Dimensions of sexual intercourse behavior
The 1990 Nebraska Youth Risk Behavior Survey

	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %
MALES				
Ever had sexual intercourse	38.8	52.4	65.2	72.4
With 2 or more partners	23.3	32.2	45.7	52.7
Had sexual intercourse in the last three months	21.4	34.1	51.2	59.1
N =	252	271	253	307
FEMALES				
Ever had sexual intercourse	34.4	46.7	60.0	67.3
With 2 or more partners	15.9	27.0	35.8	45.4
Had sexual intercourse in the last three months	18.8	36.1	41.6	55.5
N =	307	275	260	219

TOTAL SAMPLE	
Ever had sexual intercourse	54.3
With 2 or more partners	34.7
Had sexual intercourse in the last three monts	39.6
N =	2144

Age of first sexual intercourse

Of those who are sexually active 26.1% report first sexual intercourse at age 13 or younger. Another 19% report first intercourse at age 14. This means 45% of these adolescents initiated sexual intercourse before age 15. Twenty-seven percent report first intercourse at age 15. Two previous Prevention Center surveys of Nebraska adolescents reported very similar results.[3]

While these data represent a typical high school population, their interpretation is affected by the cumulative age ranges at each grade level. While a significant proportion of sexually active 12th-grade students said they experienced first intercourse at age 13 or younger (16.9%), a significant proportion of these students also initiate sexual behavior at older ages: 15.2% at age 14, 22.7% at age 15, 29.1% at age 16 and 15.9% at age 17. The fact that this sample includes a smaller proportion of students in the higher ages means the average age of first intercourse is artificially low. A significant proportion of the sample has not reached the age at which they will initiate intercourse.

The age of initiating sexual intercourse differs for males and females. More males than females report initiating sexual intercourse at ages 13 and 14. More females than males report first sexual intercourse at age 15 and older (Table 8).

Table 8
Age at first sexual intercourse
The 1990 Nebraska Youth Risk Behavior Survey

	Total Sample %	Males %	Females %
Never had sexual intercourse	45.8	41.4	50.4
For sexually active students, age at first sexual intercourse			
13 years or younger	26.1	30.8	20.2
14 years	19.1	18.7	19.6
15 years	27.3	24.6	30.6
16 years	20.5	19.9	21.0
17 years or older	7.1	5.8	8.7
N =	1,188		

Alcohol, drugs and sexual intercourse

One-third (32.8%) of the sexually active youth in this sample reported using alcohol and/or other drugs the last time they had sexual intercourse. One quarter used alcohol only, 2.3% drugs only, and 5.9% a combination of alcohol and other drugs. The proportion of sexually active females who used alcohol the "last time" they had sexual intercourse differed little across the grades, but males in the higher grades were more likely to have used alcohol than males in the younger grades (Table 9).

Behaviors to prevent pregnancy and sexually transmitted diseases

The best way to prevent pregnancy is to abstain from sexual intercourse. As Table 7 implies, the proportion of students in grades 9 through 12 who abstain from sexual intercourse declines steadily between grade 9 and grade 12.

For this increasing proportion of sexually active youth condoms are the birth control method of choice (Table 10). Forty-two percent of these sexually active young people used condoms the last time they had intercourse. Condom use is most common among the 9th grade students (48.4% of both males and females). However, among the 12th grade, only 35% of the males and 37% of the females used condoms at last intercourse.

Birth control pills are the second choice of these sexually active adolescents, used by 19.4% of the sample. Use of birth control pills increases from 5.3% of grade 9

Table 9
Involvement of alcohol and other drugs by partners the last time they had sexual intercourse
The 1990 Nebraska Youth Risk Behavior Survey

	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %
MALES				
No alcohol or other drugs	67.0	69.1	60.0	61.2
Alcohol only	19.0	22.3	32.9	28.2
Drugs only	3.0	2.9	1.3	2.4
Both alcohol & other drugs	11.0	5.8	5.8	8.2
N =	100	139	155	245
FEMALES				
No alcohol or other drugs	65.7	70.3	76.3	70.5
Alcohol only	23.2	23.4	21.7	20.1
Drugs only	3.0	1.6	0.7	5.4
Both alcohol & other drugs	8.0	4.7	1.3	4.0
N =	99	128	152	149

TOTAL SAMPLE	
No alcohol or other drugs	67.2
Alcohol only	24.6
Drugs only	2.3
Both alcohol & other drugs	5.9
N =	1167

females to 31.5% of grade 12 females. This increased use of birth control pills probably accounts for some of the decline in the use of condoms.

The proportion of these young people who used *no method* of birth control the last time they had sexual intercourse decreased from 31.6% of the males and 37.5% of the females in 9th grade to 18.0% of the males and 18.1% of the females in grade 12 (Table 10).

Of interest is the proportion of males who use condoms for the express purpose "to prevent sexually transmitted diseases such as genital herpes, genital warts, gonorrhea, clap, drip, and HIV/AIDS infection." In the 9th and 10th grade, more males than females said they used condoms to prevent sexually transmitted diseases. More 9th and 10th grade males use condoms for protection against sexually transmitted diseases compared to 11th and 12th grade males. Why 11th and 12th grade males should be less concerned than 9th and 10th grade males with the risk of STDs is unclear. While not as marked among the females there is also a tendency for a smaller proportion of older female students (11th and 12th grade) to use condoms for protection against STDs compared to 9th and 10th grade females (Table 11).

Pregnancy

Almost ten percent (9.4%) of this sample of Nebraska young people claim they have ever been pregnant or gotten someone pregnant. Of those who said they had gotten someone pregnant 2.1% said they had done so more than once.

Table 10
Use of condoms and birth control pills to prevent pregnancy
The 1990 Nebraska Youth Risk Behavior Survey

	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %
MALES				
Used condoms	47.4	50.0	39.0	33.9
Used birth control pills	5.3	12.3	20.1	26.8
No method used	31.6	23.9	29.6	18.0
N =	95	138	159	239
FEMALES				
Used condoms	47.9	43.8	44.9	36.8
Used birth control pills	5.2	19.8	18.1	31.2
No method used	37.5	19.8	22.5	18.1
N =	96	121	138	144

TOTAL SAMPLE	
Used condoms	42.2
Used birth control pills	19.4
No method used	24.2
N =	1122

Prevalence of STDs

Only a small proportion of students in the sample (5.5%) reported having had a medically confirmed case of a sexually transmitted disease "such as genital herpes, genital warts, gonorrhea, clap, drip, or HIV/AIDS infection"; 91.2% are sure they have never had a medically confirmed case of STD, and 3.2% say they are not sure.

Table 11
Use of condoms to prevent sexually transmitted diseases
The 1990 Nebraska Youth Risk Behavior Survey

	Grade 9 %	Grade 10 %	Grade 11 %	Grade 12 %
MALES				
Used condoms	58.6	58.7	43.1	35.7
N =	99	138	158	236
FEMALES				
Used condoms	49.5	48.8	43.0	39.9
N =	97	127	142	148
TOTAL SAMPLE				
Used condoms	45.5			
N =	1143			

The Challenge

These data on the safety and sexuality of Nebraska's young people present a challenge to parents, schools, communities and government agencies--all those concerned with the education and well-being of adolescents.

Young people in general have a sense of special invulnerability; they often do not recognize when their behavior is risky, and if they do, they believe the consequences will not happen to them. Breaking through this perceived invulnerability is difficult. Adolescents see safety issues as trite and unimportant. Teachers, therefore, hesitate to teach in the face of this indifference. Teaching about safety is difficult.

Sex issues are just the opposite. Student are interested in sex issues, but teachers may find sex education complicated by opposition from the school's patrons and by the many different beliefs people have about sexual morality.

For two very different reasons, teachers stay clear of these two topics. As a consequence young people suffer and die.

According to the Metropolitan Life Foundation at least one of every four schools in the United States does not provide instruction on safety and accident prevention; yet unintentional injury is the leading cause of death for persons aged 15 to 24, accounting for half of all deaths in this age range.[4]

In 1981, 84% of pregnancies among young women under age 20 were unintended[5] yet by 1986 no more than

66% of people aged 13 to 18 had discussed sexuality with their parents.[6]

This report was based on data from the 1990 Youth Risk Behavior Survey for Nebraska and describes adolescent behaviors related to safety and sexual intercourse. A significant proportion of Nebraska students place themselves at risk of serious injury on motorcycles and as occupants of motor vehicles by failing to use safety devices. They also place themselves at risk by riding with a drinking or drugging driver, or by themselves driving while or after taking alcohol or some other drug. A significant proportion of males carry a gun, knife or club, creating a potential for injury.

Suicide is the second leading cause of death for American youth aged 15 to 24.[7] Thoughts and actions of violence against self are not uncommon in the Nebraska youth surveyed for this report.

Safety and sex related health problems among adolescents will not be significantly reduced through the single efforts of one group of people. These problems are the creation of a multitude of factors, and require the representation and cooperation of parents, schools and communities in developing strategies to reduce their occurrence.

The potent modeling role of the family initiates and encourages many high-risk behaviors. Because much negative modeling occurs unconsciously in the family, it is important that parents and siblings be made more aware of their roles as encouragers of health enhancing

and risk reducing behaviors. For example, parents could insist on safety restraints being used by everyone in the family whenever riding in an automobile.

The potential for the schools to contribute significantly to the health of adolescents is enormous. Adolescents may spend more time with school teachers than with their parents during a typical work week. Comprehensive school health education programs have been shown to change student behaviors, but only if adequate time and resources are devoted to them. At this time 25 states require comprehensive health education in schools. Nebraska is not one of these states.

School health services should protect and maintain the health of students. Health services in schools are frequently weak and not recognized for their support for learning. The school nurse or counselor is especially important in early intervention and assisting with referrals in case of possible illness of a student. In the area of sexual behavior, the nurse is the most likely source of help for many young people.

In partnership with parents, community members, and professional health practitioners, schools can design and implement effective comprehensive health education programs. The health of adolescents can be improved.

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Notes

1. Personal communication with Nebraska Department of Health, Division of Vital Statistics, 1991.
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